

PART B - FEE(S) TRANSMITTAL

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05/21/2003

ROBERT H. HAMMER III, P.C. 3121 SPRINGBANK LANE SUITE I CHARLOTTE, NC 28226

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Janice. E	3. Davis	(Depositor's name)
Jane	e B. Ware	(Signature)
July 22	2003	(Date)
NTOR	ATTORNEY DOCKET NO	CONFIRMATION NO

APP, CATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/933,301	08/20/2001	Charles A. Thomas	2006.2	5679
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1300	\$300	\$1600	08/21/2003	
EXAMI	INER	ART UNIT	CLASS-SUBCLASS			
WACHTEL,	ALEXIS A	1764	442-181000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent the names of up to 3 register or agents OR, alternatively, single firm (having as a m	ed patent attorneys (2) the name of a	pert H. Hammer	III,P.C.	
		attorney or agent) and the names of up to 2				
		registered patent attorneys or is listed, no name will be print				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CNA Holdin	gs,	Inc.
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Summit, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent) individual X corporation or other private group entity government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. Issue Fee ☐ Payment by credit card. Form PTO-2038 is attached. Dublication Fee The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-2447 (enclose an extra copy of this form). X Advance Order - # of Copies

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(Authorized Signature)	(Date) 22
len	July 旬, 2003
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